

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

AUG 15 2005

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7037</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Eric</u> <u>T</u> <u>Taylor</u> P.O. Box, Bldg., Room No., if any <u>3302 Suite 201</u> Street <u>McGinnis Ferry Rd.</u> City <u>Suwanee</u> State <u>Georgia</u> ZIP Code + 4 <u>30024</u>	4. Name, file number, and address of labor organization. Name <u>United Food & Commercial Workers Union</u> Labor Organization File Number <u>540249</u> P.O. Box, Building and Room Number, if any <u>3302 Suite 201</u> Street <u>McGinnis Ferry Rd.</u> City <u>Suwanee</u> State <u>Georgia</u> ZIP Code + 4 <u>30024</u>
5. Position in labor organization. <u>Servicing , Organizing Director</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Eric Taylor

On

08/09/2005

Date

678-714-3500

Telephone Number

Name of Person Filing **Eric Taylor**File Number **U-****Part C Continuation Page****C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).**Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 **14.a. Nature of payment.**

meeting was to announce and discuss a new initiative concerning automated healthcare records. The package for the meeting was valued at \$200 for a hotel room and meal. I shared a hotel room with another union official and did (Continued)

*ET 8/1/05***13.b. Is the Business an Employer** ☐ **or Consultant** ☐ **?****14.b. Amount of payment.****C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).**Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 **14.a. Nature of payment.**

not partake in the meal, so my share is valued at \$75.

*ET 8/9/05***13.b. Is the Business an Employer** ☐ **or Consultant** ☐ **?****14.b. Amount of payment.****C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).**Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 **14.a. Nature of payment.****13.b. Is the Business an Employer** ☐ **or Consultant** ☐ **?****14.b. Amount of payment.**